

State Form 51678 (4-04) / BQIS 0002 **Bureau of Quality Improvement Services - Provider Standards Agency Survey**

Provider Agency Name:	Address:	Contact Names & telephone numbers:  e-mail address:
<b>REVIEW OF APPROVAL FOR SERVICES:</b>		
<b>1. Check Services provider approved for below:</b>	<b>Does provider have documentation of approval for each service checked?</b>	<b>Does provider meet qualifications for services checked?</b>
<input type="checkbox"/> Adult day services	YES NO	YES NO 6-5-2
<input type="checkbox"/> Adult foster care services	YES NO	YES NO 6-5-3
<input type="checkbox"/> Behavioral support services	YES NO	YES NO 6-5-4
<input type="checkbox"/> Case management services	YES NO	YES NO 6-5-5
<input type="checkbox"/> Community-based sheltered employment services	YES NO	YES NO 6-5-6
<input type="checkbox"/> Community education and therapeutic activity	YES NO	YES NO 6-5-7
<input type="checkbox"/> Community habilitation and participation	YES NO	YES NO 6-5-8
<input type="checkbox"/> Crisis assistance services	YES NO	YES NO 6-5-9
<input type="checkbox"/> Enhanced dental services	YES NO	YES NO 6-5-10
<input type="checkbox"/> Environmental modification supports	YES NO	YES NO 6-5-11
<input type="checkbox"/> Facility based sheltered employment services	YES NO	YES NO 6-5-12
<input type="checkbox"/> Family and caregiver training services	YES NO	YES NO 6-5-13
<input type="checkbox"/> Health care coordination services	YES NO	YES NO 6-5-14
<input type="checkbox"/> Music therapy services	YES NO	YES NO 6-5-15
<input type="checkbox"/> Nutritional counseling services	YES NO	YES NO 6-5-16
<input type="checkbox"/> Occupational therapy services	YES NO	YES NO 6-5-17
<input type="checkbox"/> Personal emergency response system supports	YES NO	YES NO 6-5-18
<input type="checkbox"/> Physical therapy services	YES NO	YES NO 6-5-19
<input type="checkbox"/> Prevocational services	YES NO	YES NO 6-5-20
<input type="checkbox"/> Psychological therapy services	YES NO	YES NO 6-5-21
<input type="checkbox"/> Recreational therapy services	YES NO	YES NO 6-5-22
<input type="checkbox"/> Rent and food for unrelated live-in caregiver supports	YES NO	YES NO 6-5-23
<input type="checkbox"/> Residential habilitation and support services	YES NO	YES NO 6-5-24
<input type="checkbox"/> Residential living allowance and management	YES NO	YES NO 6-5-25
<input type="checkbox"/> Respite care services	YES NO	YES NO 6-5-26
<input type="checkbox"/> Specialized medical equipment and supplies supports	YES NO	YES NO 6-5-27
<input type="checkbox"/> Speech language therapy services	YES NO	YES NO 6-5-28
<input type="checkbox"/> Supported employment services	YES NO	YES NO 6-5-29
<input type="checkbox"/> Transportation services	YES NO	YES NO 6-5-30
<input type="checkbox"/> Transportation supports	YES NO	YES NO 6-5-31

Number of complaints entered in ACTS (if none, enter “none”) \_\_\_\_\_

Include copy of each complaint in survey file

<b>REVIEW OF POLICIES AND PROCEDURES</b>				
<b>For each of the following policies and/or procedures:</b>	<b>Does it meet the requirements in the standards?</b>		<b>Has appropriate staff been provided a copy?</b>	<b>Have individuals been provided a copy?</b>
2. Provider complaint procedure 6-8-3 (5)(B)	YES	NO	YES	NO
3. Written procedure for provider or employee/agent to inform APS/CPS, legal representative, person designated by individual, provider of cm services of a situation involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights 6-9-4(n)	YES	NO		
4. Written procedure for reporting reportable incidents to BDDS 6-9-4(o)	YES	NO		
<b>Does the agency deliver services through employees or agents?</b> <b>If NO, skip to the "Behavioral Supports" part of this section.</b>	<b><u>YES</u>      <u>NO</u></b>			
5. Prohibiting violations of individual rights 6-9-3 (b)	YES	NO	YES	NO
6. Written procedure for employees or agents to report violations of policies and procedures 6-9-4(m)	YES	NO	YES	NO
7. Written personnel policy including job description for each position, including minimum qualifications, major duties, responsibilities of the employee 6-16-2(b)(1)	YES	NO	YES	NO
8. Written procedure for conducting reference, employment, and criminal background checks 6-16-2(b)(2)	YES	NO	YES	NO
9. Written prohibition against employing or contracting with a person convicted of offenses listed in 6-10-5. 6-16-2(b)(3)	YES	NO	YES	NO
10. A process for evaluating the job performance of each employee or agent at the end of the training period and annually thereafter, including a process for feedback from individuals receiving services from the employee or agent 6-16-2(b)(4)	YES	NO	YES	NO
11. Disciplinary procedures 6-16-2(b)(5)	YES	NO	YES	NO
12. A description of grounds for disciplinary action against or dismissal of an employee or agent 6-16-2(b)(6)	YES	NO	YES	NO
13. A description of rights and responsibilities of employees or agents, including the responsibilities of administrators or supervisors 6-16-2(b)(7)	YES	NO	YES	NO
14. Written training procedure that is distributed to provider's employees or agents 6-16-3	YES	NO	YES	NO
<b>Does the agency provide Behavioral Support services?</b> <b>If NO go to the "Review of Individual Records" section.</b>	<b><u>YES</u>      <u>NO</u></b>			
15. Written policies and procedures that limit the use of highly restrictive procedures, including physical restraints or medications to assist in the managing of behaviors and that focus on behavioral supports that begin with less restrictive or intrusive methods before more intrusive or restrictive methods are used. 6-18-3	YES	NO	YES	NO

**Bureau of Quality Improvement Services - Provider Standards Agency Survey**

<b>REVIEW OF INDIVIDUAL RECORDS - Health Care Coordination</b>		
<b>Is provider providing Health Care Coordination or designated as responsible for Health Care Coordination in an individual's ISP? (If NO, go to the next section)</b>	<b><u>YES</u>      <u>NO</u></b>	
<b>If YES, does the provider have a personal file for each individual receiving Health Care Coordination services that includes:</b>	<b>Number of files reviewed</b>	<b>Number of files NOT in compliance with standards</b>
16. The date of health and medical services provided to individual 6-25-3(b)(1)		
17. A description of health care or medical services 6-25-3(b)(2)		
18. The signature of the person providing the health care or medical services 6-25-3(b)(3)		
19. Documentation of an organized system of medication administration 6-25-3(b)(4)(A)	N/A	N/A
20. Documentation of an individual's refusal to take medication 6-25-3(b)(4)(B)	N/A	N/A
21. Monitoring of medication side effects 6-25-3(b)(4)(C)	N/A	N/A
22. Seizure tracking 6-25-3(b)(4)(D)	N/A	N/A
23. Documentation of changes in an individual's status 6-25-3(b)(4)(E), 6-25-8 (a)	N/A	N/A
24. An organized system of health related incident management. 6-25-3(b)(4)(F)	N/A	N/A

<b>REVIEW OF INDIVIDUAL RECORDS – Behavioral Support</b>		
<b>Is agency providing Behavioral Support services for individuals? If NO, go to the “Individual Records – Case Management” section.</b>	<b><u>YES</u>      <u>NO</u></b>	
<b>If YES, does the provider have the following in the individual’s files:</b>	<b>Number of files reviewed</b>	<b>Number of files NOT in compliance with standards</b>
25. A copy of the individual’s behavior support assessment 6-18-4(b)(1)		
26. If applicable, the individuals’ behavior support plan 6-18-4(b)(2)	N/A	N/A
27. Dates, times and duration of each visit with the individuals 6-18-4(b)(3)		
28. A description of the behavioral support activities conducted 6-18-4(b)(4)		
29. Description of behavioral support progress made 6-18-4(b)(5)		
30. Documentation of behavioral support services that include documentation that least intrusive method was attempted and exhausted first 6-18-4(a)(1)		
31. A documentation system in the behavioral support plan for direct care staff working with individual to record episodes of targeted behavior(s), including dates and times of behaviors, length of time of behavior, description of what precipitated behavior, description of activities that helped alleviate behavior, and signature of staff observing and recording behavior. 6-18-2(h)		
32. If the use of medication is included in behavior plan, it includes a plan for assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a medication use reduction plan was implemented in the past 5 years and proved not to be effective. 6-18-2(I)	N/A	N/A
33. If highly restrictive procedure is deemed to be necessary and included in behavior support plan, it also contains a functional analysis of targeted behaviors for which a highly restricted procedure is designed, documentation that the risks of the targeted behavior have been weighed against the risk of the highly restrictive procedure, documentation that systemic efforts to replace the targeted behavior with an adaptive skill were used & found to be not effective 6-18-2(j)	N/A	N/A
34. Documentation that the individual, the individual’s support team and the applicable human rights committee agree that the use of highly restrictive method is required to prevent significant harm to individual or others 6-18-2(j)(4)	N/A	N/A
35. Informed consent from the individual or individual’s legal representative 6-18-2(j)(5)	N/A	N/A
36. Documentation that the behavior support plan is reviewed regularly by individual’s support team. 6-18-2(j)(6)	N/A	N/A
37. The signature of the person providing the behavioral support services on each date the behavioral support service is provided 6-18-4(b)(6)		

<b>REVIEW OF INDIVIDUAL RECORDS – Case Management</b>		
<b>Is agency providing Case Management services to individuals? (If NO, go to the “Employee Files” section.)</b>	<b><u>YES</u>      <u>NO</u></b>	
<b>If YES, does the provider have documentation of contacts [6-19-7(a)] and the results of monitoring the quality, timeliness and appropriateness of care services and products delivered to the individuals [6-19-6(a)]</b>	<b>Number of files reviewed</b>	<b>Number of files NOT in compliance with standards</b>
38. Documentation of each contact with the individual and the individual’s providers 6-19-7(a)		
39. The appropriateness of the goals in an individual’s ISP 6-19-6(b)(1)		
40. An individual’s progress toward the goals in the individual’s ISP 6-19-6(b)(2)		
41. Any medication administration system for individual 6-19-6(c)(1)	N/A	N/A
42. Any individual’s behavior support plan 6-19-6(c)(2)	N/A	N/A
43. Any health-related incident management system for individual 6-19-6(c)(3)	N/A	N/A
44. Any side effect monitoring system for individual 6-19-6(c)(4)	N/A	N/A
45. Any seizure management system for individual 6-19-6(c)(5) (6-25-7)	N/A	N/A
46. Documentation of the provider’s follow-up on problems 6-19-8(a)(1)	N/A	N/A
47. The resolution of problems 6-19-8(d)(2)	N/A	N/A

**Bureau of Quality Improvement Services - Provider Standards Agency Survey**

<b>REVIEW OF PROVIDER AGENCY EMPLOYEE FILES</b>		
<b>Applicable to all providers (regardless if single person provider entity or provider with employees or agents) - Do the employee records have the following:</b>	<b>Number of records reviewed</b>	<b>Number of records NOT in compliance with standards</b>
48. Limited criminal history check 6-10-5(a)(b)(c)		
49. State nurse aide registry 6-10-5(d)		
50. Negative TB test 6-15-2(b)(1)		
51. CPR certification, updated annually 6-15-2(b)(2)		
52. Auto insurance information, updated annually if employee is transporting individual 6-15-2(b)(3)	N/A	N/A
53. Limited criminal history information with information updated every three years 6-15-2(b)(4)	N/A	N/A
54. Professional licensure, certification, or registration, including renewals 6-15-2(b)(5)	N/A	N/A
55. Copy of driver's license 6-15-2(b)(6)		
56. Copies of time records or invoices for services 6-15-2(b)(7)		
57. Copies of the agenda for each training session including subject matter, date and time of training, name of person(s) conducting training session, documentation of the employee or agents attendance at each training session, signed by trainer and employee. 6-15-2(b)(8)		
<b>Does the agency deliver services through employees or agents? If NO, go to the "Quality Assurance/Quality Improvement" section.</b>	<b><u>YES</u>      <u>NO</u></b>	
<b>Documentation of Employee Training on the following topics that is completed before employee begins working with an individual:</b>	<b>Number of records reviewed</b>	<b>Number of records NOT in compliance with standards</b>
58. Individual rights, including respecting the dignity of an individual, protecting an individual from abuse, neglect and exploitation, implementing person-centered planning and an individual's ISP, and communicating successfully with an individual 6-14-4(a)		
59. Developing training goals and objectives that include selecting specific objectives, and completing task analysis 6-14-4(b)		
60. (For direct-care staff) Providing a healthy and safe environment for an individual, including how to administer CPR, how to practice infection control, universal precautions, how to manage individual specific treatments and interventions, including management of individuals seizures, behaviors, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises, and significant health concerns. 6-14-4(c)	N/A	N/A

<b>REVIEW OF PROVIDER INTERNAL QUALITY ASSURANCE/ QUALITY IMPROVEMENT SYSTEM</b>			
<b>Applicable to all providers, except where specific provider type is named.</b>	<b>Is provider in compliance with standards?</b>		
61. Annual survey of individual satisfaction for all providers 6-10-10(b)(1)	<b>YES</b>	<b>NO</b>	
62. Documentation of efforts to improve service delivery in response to the survey 6-10-10(b)(3)	<b>YES</b>	<b>NO</b>	
63. An assessment of the appropriateness and effectiveness of each service provided to an individual 6-10-10(b) (4)	<b>YES</b>	<b>NO</b>	
64. A process for analyzing data concerning reportable incidents for all providers 6-10-10(b)(5)(A)	<b>YES</b>	<b>NO</b>	
65. Developing recommendations to reduce the risk of future incidents 6-10-10(b)(5)(B)	<b>YES</b>	<b>NO</b>	
66. Reviewing recommendations to assess their effectiveness 6-10-10(b)(5)(C)	<b>YES</b>	<b>NO</b>	
<b>For providers responsible for Medication Administration</b>			
67. A process for analyzing medication errors 6-10-10(b)(6)(A)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
68. A process for developing recommendations to reduce the risk of future medication errors 6-10-10(b)(6)(B)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
69. A process for reviewing the recommendations to assess their effectiveness 6-10-10(b)(6)(C)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>For providers of Behavioral Support services</b>			
70. A process for analyzing the appropriateness and effectiveness of behavior support techniques used for an individual 6-10-10(b)(7)(A)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
71. A process for developing recommendations concerning the behavioral support techniques used with an individual 6-10-10 (b)(7)(B)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
72. A process for reviewing recommendations to assess their effectiveness 6-10-10(b)(7)(C)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>For CHP or RHS providers</b>			
73. A process for analyzing the appropriateness and effectiveness of the instructional techniques used for an individual 6-10-10(b)(8)(A)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
74. A process for developing recommendations concerning the instructional techniques used for an individual 6-10-10(b)(8)(B)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
75. A process for reviewing recommendations to assess their effectiveness 6-10-10(b)(8)(C)	<b>YES</b>	<b>NO</b>	<b>N/A</b>

**Notes:**

**Total amount of time spent executing this survey at agency site:** \_\_\_\_\_

Surveyor signature

<b>“I attest that this survey is an accurate account of findings based on my observations on the date and time indicated”</b>		
Lead Surveyor; _____	_____	_____
Signature	Title	Date Signed